

The Promise of Gene Therapy in Modern Dentistry: Advances, Applications, and Future Directions

Fariba Noory*

*Cosmetic Dental Surgeon, Dubai, United Arab Emirates.

Received date: February 27, 2025, **Accepted date:** March 10, 2025, **Published date:** March 17, 2025.

Copyright: ©2025 Fariba Noory. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

***Corresponding Author:** Dr. Fariba Noory, DDS, BDS, Cosmetic Dental Surgeon, Dubai, United Arab Emirates.

Imagine a world where lost teeth regrow, damaged salivary glands regain their function, and oral cancers are treated with precision therapies that spare healthy tissues. This emerging reality is being brought closer by advancements in gene therapy within the field of dentistry. Once confined to the realm of science fiction, gene therapy has evolved into a tangible frontier in medicine, offering innovative solutions to some of the most challenging dental and oral health problems.

Gene therapy involves modifying the genetic material within a patient's cells to treat or prevent disease. By targeting the underlying genetic causes, it holds the potential to revolutionize dental treatments, making them more effective and less invasive. This article explores the exciting intersection of gene therapy and dentistry, delving into its mechanisms, current applications, and

future prospects.

Gene Therapy: An Overview

Gene therapy is a groundbreaking technique that alters the genetic material of cells to combat or prevent disease. It can involve replacing a mutated gene with a healthy copy, inactivating a malfunctioning gene, or introducing a new gene to help fight disease (National Institutes of Health, 2020). The concept emerged in the early 1970s, but the first approved gene therapy clinical trial didn't occur until 1990, treating a young girl with severe combined immunodeficiency (Blaese et al., 1995). Since then, significant advancements have been made, overcoming scientific and ethical challenges to make gene therapy a viable therapeutic option. The delivery of

therapeutic genes relies on vectors, which can be viral or non-viral. Viral vectors, such as adenoviruses and adeno-associated viruses, are efficient at delivering genetic material into human cells after being modified to remove disease-causing genes (Naldini, 2015). Non-viral vectors, including plasmid DNA and lipid nanoparticles, offer safer alternatives but are generally less efficient in gene transfer (Wang & Li, 2016). Recent advancements have introduced precise gene-editing tools like CRISPR-Cas9, enabling targeted modifications within the genome with unprecedented simplicity and efficiency (Doudna & Charpentier, 2014).

Applications in Dentistry

Gene therapy's potential applications in dentistry are vast, addressing various conditions that have long challenged traditional treatment methods.

Salivary Gland Disorders

Disorders such as Sjögren's syndrome and radiation-induced xerostomia lead to dry mouth, difficulty swallowing, increased dental caries, and diminished quality of life (Humphrey & Williamson, 2001). Gene therapy offers promising solutions for restoring salivary gland function. One approach involves transferring the aquaporin-1 (AQP1) gene into salivary gland cells to enhance water transport and saliva production (Baum et al., 2012). Clinical trials have demonstrated that adenoviral-mediated AQP1 gene transfer increased saliva secretion in patients with radiation-induced salivary hypofunction, showing potential in restoring gland function without significant adverse effects (Voutetakis et al., 2010).

Bone Repair and Regeneration

Bone integrity is critical in dentistry, particularly for dental implants and the structural support of facial

features. Bone loss can result from periodontal disease, trauma, or tooth extraction (Albrektsson & Johansson, 2001). Gene therapy can enhance bone regeneration by delivering genes encoding osteogenic factors like bone morphogenetic proteins (BMPs) directly to bone defects, promoting localized bone formation and healing (Evans, 2012). Studies involving BMP-2 gene transfer have reported accelerated bone healing and improved implant integration in animal models, indicating promising prospects for future clinical applications (Baltzer & Lieberman, 2004).

Oral Cancer Treatment

Oral squamous cell carcinoma is a prevalent form of head and neck cancer, often associated with significant morbidity and mortality. Traditional treatments can adversely affect oral functions and appearance (Warnakulasuriya, 2009). Gene therapy provides targeted treatments through strategies like suicide gene therapy, oncolytic virotherapy, and immunomodulatory gene therapy. For instance, suicide gene therapy involves introducing genes that convert non-toxic prodrugs into toxic agents within cancer cells (Foo et al., 2020). Oncolytic viruses selectively infect and destroy cancer cells while sparing healthy tissue (Kelly & Russell, 2007). Early-phase trials have indicated that gene therapy can reduce tumor size and improve patient outcomes, offering hope for more effective and less harmful treatments.

Tooth Repair and Regeneration

Traditional dental treatments repair damage but do not restore the tooth's natural structure or vitality. Fillings and crowns can fail over time, necessitating additional interventions (Demarco et al., 2012). Gene therapy can stimulate dental stem cells to regenerate dentin and pulp tissues. By delivering signaling molecules like BMPs and Wnt proteins, gene therapy induces the differentiation of stem cells into odontoblast-like cells, promoting natural

tooth repair (Zhang et al., 2015). Animal studies have shown successful pulp-dentin complex regeneration using gene therapy, suggesting a future where teeth can heal themselves (Nakashima et al., 2017).

Pain Management

Chronic orofacial pain conditions, such as trigeminal neuralgia, significantly affect patients' quality of life and are challenging to manage with conventional therapies (Benoliel & Sharav, 2010). Gene therapy offers long-term pain relief by inhibiting pain signal transmission or reducing inflammation at the genetic level. Clinical trials have demonstrated that herpes simplex virus-mediated delivery of enkephalin genes can provide significant pain relief without systemic side effects (Fink et al., 2011).

Enhancing Orthodontic Treatments

Orthodontic treatments often require prolonged durations, which can be inconvenient for patients. Gene therapy has the potential to accelerate tooth movement by modifying bone remodeling processes (Nimeri et al., 2013). Animal studies involving RANKL gene transfer have shown increased osteoclast activity, leading to faster tooth movement (Kanzaki et al., 2006). While human studies are pending, these findings suggest possible applications in orthodontics to reduce treatment times and improve patient satisfaction.

Ethical Considerations and Challenges

Despite promising advancements, gene therapy in dentistry faces significant challenges. Safety concerns include unintended gene integration, immune reactions, and off-target effects. Rigorous testing and vector development are essential to mitigate these risks (Thomas et al., 2003).

Ethical considerations such as patient consent, equitable access to treatments, and the broader

implications of genetic manipulation must be carefully addressed. Regulatory frameworks must ensure patient safety while fostering innovation (Kohn et al., 2016). Public perception and acceptance play a crucial role; education is necessary to address misconceptions and fears about gene therapy. Transparent communication can build trust and facilitate acceptance of these advanced therapies (Kato et al., 2019).

Conclusion

Gene therapy stands at the forefront of medical innovation, offering transformative potential for modern dentistry. By addressing the root causes of oral diseases at the genetic level, it promises more effective, less invasive treatments that can significantly improve patient outcomes. From regenerating dental tissues and bones to providing targeted cancer therapies and pain management solutions, gene therapy is poised to revolutionize dental care.

Realizing the full potential of gene therapy in dentistry requires overcoming significant challenges. Ensuring the safety and efficacy of gene therapy approaches is paramount. Ethical considerations, such as patient consent and equitable access to treatments, must be navigated thoughtfully. Continued research, interdisciplinary collaboration, and public engagement are essential to advance gene therapy from experimental stages to routine clinical practice.

Future Directions

Advancements in gene-editing technologies, vector design, and stem cell research will continue to expand the possibilities of gene therapy in dentistry. Personalized medicine approaches, leveraging individual genetic information, may further enhance treatment efficacy. As the field progresses, it holds the promise of not only treating but potentially curing some of the most

debilitating dental and oral conditions.

References

1. Albrektsson, T., & Johansson, C. (2001). Osteoinduction, osteoconduction and osseointegration. *European Spine Journal*, 10(Suppl 2), S96–S101.
2. Andtbacka, R. H., Kaufman, H. L., Collichio, F., Amatruda, T., Senzer, N., Chesney, J., ... & Puzanov, I. (2015). Talimogene laherparepvec improves durable response rate in patients with advanced melanoma. *Journal of Clinical Oncology*, 33(25), 2780–2788.
3. Baltzer, A. W., & Lieberman, J. R. (2004). Regional gene therapy to enhance bone repair. *Gene Therapy*, 11(4), 344–350.
4. Baum, B. J., Kok, M., Tran, S. D., & Yamano, S. (2012). The impact of gene therapy on dentistry: a revisited vision. *Journal of Dental Research*, 91(8), 793–799.
5. Benoliel, R., & Sharav, Y. (2010). Chronic orofacial pain. *Current Pain and Headache Reports*, 14(1), 33–40.
6. Blaese, R. M., Culver, K. W., Miller, A. D., Carter, C. S., Fleisher, T., Clerici, M., ... & Rosenberg, S. A. (1995). T lymphocyte-directed gene therapy for ADA- SCID: initial trial results after 4 years. *Science*, 270(5235), 475–480.
7. Demarco, F. F., Collares, K., Correa, M. B., Cenci, M. S., de Moraes, R. R., & Opdam, N. J. (2012). Should my composite restorations last forever? *Brazilian Oral Research*, 26, 7–15.
8. Doudna, J. A., & Charpentier, E. (2014). Genome editing. The new frontier of genome engineering with CRISPR-Cas9. *Science*, 346(6213), 1258096.
9. Evans, C. H. (2012). Gene delivery to bone. *Advanced Drug Delivery Reviews*, 64(12), 1331–1340.
10. Fink, D. J., Wechuck, J., Mata, M., Glorioso, J. C., Goss, J., Krisky, D., & Wolfe, D. (2011). Gene therapy for pain: results of a phase I clinical trial. *Annals of Neurology*, 70(2), 207–212.
11. Foo, J. B., Looi, Q. H., Chong, T. T., Leong, C. O., Mohammad, I., How, C. W., & Lee, S. H. (2020). Gene therapy for head and neck cancer: from bench to bedside. *Frontiers in Oncology*, 10, 575775.
12. Humphrey, S. P., & Williamson, R. T. (2001). A review of saliva: normal composition, flow, and function. *The Journal of Prosthetic Dentistry*, 85(2), 162–169.
13. Kanzaki, H., Chiba, M., Shimizu, Y., & Mitani, H. (2006). Local RANKL gene transfer to periodontal tissue accelerates orthodontic tooth movement. *Gene Therapy*, 13(8), 678–685.
14. Kato, K., Sinclair, R., & Sleeboom-Faulkner, M. (2019). The gene therapy societal consultation in Europe and Japan: a qualitative analysis of public responses. *New Genetics and Society*, 38(1), 22–44.
15. Kelly, E., & Russell, S. J. (2007). History of oncolytic viruses: genesis to genetic engineering. *Molecular Therapy*, 15(4), 651–659.
16. Kohn, D. B., Porteus, M. H., & Scharenberg, A. M. (2016). Ethical and regulatory aspects of genome editing. *Blood*, 127(21), 2553–2560.
17. Nakashima, M., Nagasawa, H., Yamada, Y., & Reddi, A. H. (2017). Regulatory role of transforming growth factor- β and bone morphogenetic protein-2 on gene expression of dentin-specific matrix proteins in adult pulp cells derived from human teeth. *Connective Tissue Research*, 58(1), 56–64.
18. Naldini, L. (2015). Gene therapy returns to centre stage. *Nature*, 526(7573), 351–360.
19. National Institutes of Health. (2020). What is gene therapy? Retrieved from
1. <https://ghr.nlm.nih.gov/primer/therapy/genetherapy>
20. Nimeri, G., Kau, C. H., Abou-Kheir, N. S., & Corona, R. (2013). Acceleration of tooth movement during orthodontic treatment—a frontier in orthodontics. *Progress in Orthodontics*, 14(1), 42.

21. Thomas, C. E., Ehrhardt, A., & Kay, M. A. (2003). Progress and problems with the use of viral vectors
22. Voutetakis, A., Kok, M. R., Zheng, C., Bossis, I., Wang, J., Cotrim, A. P., & Baum, B. J. (2010). Salivary glands as a potential gene transfer target for gene therapeutics of systemic diseases. *Handbook of Experimental Pharmacology*, 197(197), 197–216.
23. Wang, H. X., & Li, M. (2016). Nonviral gene delivery methods. *Current Opinion in Biotechnology*, 40, 8–14.
24. Warnakulasuriya, S. (2009). Global epidemiology of for gene therapy. *Nature Reviews Genetics*, 4(5), 346–358.
25. Zhang, W., Ahluwalia, I., Literman, R., Chukkappalli, J., McCafferty, R., & Elangovan, S. (2015). Application of bone morphogenetic proteins in dental tissue engineering and bone regeneration: a review. *Biomaterials Research*, 19, 9.



© The Author(s) 2025. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.

Ready to submit your research? Choose RN and benefit from:

-  Fast, convenient online submission.
-  Thorough peer review by experienced researchers in your field.
-  Rapid publication on acceptance.
-  Support for research data, including large and complex data types.
-  Global attainment for your research.
-  **At RN, research is always in progress.**
-  **Learn more:** researchnovelty.com/submission.php

